

**SANTA CRUZ COUNTY
HEALTH SERVICES AGENCY**

Syringe Services Program (SSP)

**Policy and Procedures
Updated August, 2014**

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INRODUCTION

Nationwide, a syringe exchange program is a social policy based on the philosophy of harm reduction where injecting drug users (IDUs) can obtain hypodermic syringes and associated injection equipment at little or no cost. The aim of these services is to reduce the damage associated with using unsterile or contaminated injecting equipment.

Santa Cruz County Health Services Agency (HSA) administers a Syringe Services Program (SSP) beginning April 30, 2013. The primary goal of the SSP is to work in partnership with the community to help prevent the spread of infectious disease associated with injection drug use through early identification of injection (testing), referral to treatment, community education, behavioral counseling, and by providing harm reduction supplies through a syringe services program. The HSA seeks to connect injection drug users with treatment and resources throughout the County of Santa Cruz including cities and unincorporated areas, which can assist with case management, public health, primary care, mental health, substance use disorder services, partner notification, and other medically necessary services. This is accomplished through education, referral/linkage and prevention services provided on-site at various locations in the County of Santa Cruz.

The Santa Cruz County HSA Syringe Services Program (SSP) is part of the three-pronged approach framework to prevent the spread of costly and deadly communicable diseases and address the community's concern regarding used syringes and trash being found on the streets, beaches and encampments as well as illegal drug activities.

The first prong is to operate a SSP at County clinic sites and to explore future expansion for more sites whether as a fixed site or mobile site. The SSP is data-driven and based on evidence-based and best practices. Periodic reports are to be reviewed by the SSP Advisory Taskforce and submitted to the County Board of Supervisors. Utilization data and reports are regularly posted on the HSA website www.santacruzhealth.org

The SSP Advisory Taskforce, chaired by the County Public Health Officers, have membership who are representatives from law enforcement, nonprofit drug and alcohol treatment providers, County Alcohol and Drug Programs Administration, County Health Officer and her staff, Santa Cruz AIDS Program, volunteers from Street Outreach Supports, California Harm Reduction Coalition, City Manager of Santa Cruz, City Manager of Watsonville County Probation Department and Sheriff's Department. The Taskforce meets regularly and as needed to review the SSP and provide advice to the County Public Health Officer to assist with the SSP.

The second prong of the SSP is to work with other County Departments, City of Santa Cruz, State Parks Department and others to coordinate for periodic cleanup efforts in affected neighborhood in unincorporated areas of the County. In addition to the on-site locations for SSP, numerous kiosks are placed outside of various clinic settings for the public including IDUs to

safely and properly disposed used syringes to eliminate/reduce improper disposal of used syringes on the beaches, streets and encampments.

The third prong of the SSP is to work with the community providers, the City Jurisdictions and other County departments to enhance referrals and linkages for the participants of the SSP to access appropriate and needed services including drug treatment, mental health services, HIV, Hepatitis and other sexually transmitted disease testing and primary care.

The Effectiveness of Syringe Exchange Programs

The goal of syringe exchange programs is to play a role in reducing the transmission of the HIV virus and other blood-borne infections associated with drug injections. An individual can exchange a used, potentially contaminated syringe for a sterile one. "Seventy one percent of all AIDS cases among women are linked to injection drug use; 58 percent of children with AIDS were infected through their mothers who injected drugs or had sex with an injection drug user. The yearly cost of a syringe exchange program is often less than the cost to treat a single person with AIDS. Syringe exchange programs have been shown to reduce HIV transmission by as much as 33 percent" (<http://www.state.nh.us/gencourt/bills/chaptered/97chapters/0315-hb0225.htm>). In 1998 Congress permanently banned federal funding for any syringe exchange programs. Nationally, the 134 syringe exchange programs in existence are funded by a combination of state, local, and private funds (National Conference of State Legislatures, <http://www.ncsl.org/programs/health/list.htm>).

Syringe exchange programs are supported by the following organizations:

American Academy to Pediatrics, American Academy of Psychiatrists in Alcoholism and Addictions, American Medical Association, American Pharmaceutical Association, American Psychiatric Association, American Public Health Association, American Society of Addiction Medicine, Association of State and Territorial Health Officials, National Academy of Sciences, National Association of Psychiatric Health Systems, National Association of Social Workers, National Association of State Alcohol and Drug Abuse Directors, National Black Caucus of Legislatures, U.S. Conference of Mayors, and the World Health Organization (U.S. Conference of Mayors, <http://www.usmayors.org>).

Scientific Studies and Resolutions:

University of California at Berkley and San Francisco study:

Conducted in 1993 for the Department of Health and Human Services, this study, reviewed and analyzed current literature on syringe exchange programs. The study found that:

- Needle Exchange Programs (NEPs) served as a bridge to other health services, particularly drug abuse treatment.
- NEPs are effective in reaching long time drug users with limited exposure to drug abuse treatment.
- There was no evidence that NEPs increased the amount of drug use among participants.

- NEPs did not result in an increase in the number of discarded syringes in public places.
- The rates of HIV drug risk behaviors were reduced in syringe exchange participants.
- NEPs were associated with reductions in Hepatitis B among injection drug users. (Department of Health and Human Services, 1998, http://kali.ucsf.edu/topics/needle_exchange/2098.3fe5.html)
- NEPs are effective in removing used, sometimes HIV-contaminated syringes from circulation and replacing them with sterile ones.
- NEPs are effective in recruiting IDUs to entered drug treatment.
- HIV prevalence in syringes returned to NEPs decreases.
- Mathematical models of NEPs estimate substantial decreases in HIV transmission among NEP clients, (<http://www.caps.ucsf.edu/publications/needlereport.html#Q>).

National Institute of Health (NIH):

In 1997 NIH published a report that concluded that NEPs: "show a reduction in risk behaviors as high as 80% in injecting drug users, with estimates of a 30% or greater reduction in HIV." The report also found no change in current levels of drug use associated with syringe exchange programs. (National Institute of Health, 1997, <http://www.hhs.gov/news/press/1998pres/980420b.html>)

United States Conference of Mayors (USCM):

(http://www.usmayors.org/uscm/uscm_projects_services/health_HIV_AIDS/documents/syrng_exchng_97.html)

During their meeting in July of 1997 a resolution was adopted calling for an end to the federal ban on syringe exchange programs. They noted that syringe exchange programs can serve as a bridge to drug treatment and are also helpful in HIV prevention, (AIDS Information Exchange Volume 13, Issue 3, August 1997).

References

National Conference of State Legislatures. 1998. "Tracking Trends: Needle Exchange Programs." Issue Brief, 6/17/98. <http://www.stateserv.hpts.org/public/issueb.nsf/970e745f9e50ddca852564f0007b3abd/b65107adb14db9d85256626005e1954?OpenDocument>

National Institute of Health. 1998. "Needle Exchange Programs: Part of a Comprehensive HIV Prevention Strategy." NIH Fact Sheet. <http://www.hhs.gov/news/press/1998pres/980420b.html>.

U.S. Conference of Mayors. 1997. "AIDS Information Exchange (Volume 13, Issue 3, August 1997)

http://www.usmayors.org/uscm/uscm_projects_services/health_HIV_AIDS/documents/syrng_exchn_g_97.html

U.S. Department of Health and Human Services. 1998. "Review of Scientific Data on Needle Exchange Programs." http://kali.ucsf.edu/topics/needle_exchange/2098.3fe5.html. Memorandum, April 9, 1998.

Public Health Impact of Needle Exchange Programs in the United States and Abroad, Prepared by the School of Public Health, University of California, Berkeley and the Institute for Health and Policy Studies, University of California, San Francisco—Prepared for the Centers of Disease Control and Prevention, (<http://www.caps.ucsf.edu/publications/needlereport.html#Q>)

POLICY AND PROCEDURES

The policies and procedures contained in this document have been developed for use by the Santa Cruz County Syringes Services Program (SSP). They will serve to clarify the requirements as stated in the California Health and Safety Code and to assist the SSP in the safe and responsible performance of this HIV/AIDS prevention intervention. The SSP is operating under the understanding and in accordance with evidence-based syringe exchange program components such as harm reduction philosophy and practice with program participants, and the creation of a continuum of care for drug users; including drug use detoxification and treatment when appropriate and desired by program participants.

Syringe exchange programs are most effective at reducing HIV/Hepatitis transmission and harm related to drug use when delivered as part of a continuum of care. Successful syringe service programs regularly and repeatedly engage individual injection drug users over time to provide ongoing opportunities to link them into an array of services that create opportunities for improvement in their health. No single set of services or stand-alone provider can effectively address the needs of the wide range of races, ethnicities, social identities, risk behaviors, clinical statuses and service expectations of clients throughout the County of Santa Cruz. An effective service delivery system relies on establishing and maintaining a network that ensures access, retention and coordination of all required care and support services.

An effective continuum of care is characterized by a full complement of client-focused, multidirectional interventions. The service delivery system model for drug users at risk for blood borne disease must include coordination, collaboration, comprehensiveness, co-location and cultural competency. It must be a system that is non-coercive and low-barrier with multiple points of entry. It embraces the reality that clients consume services in very different proportions, sequences and frequencies. It should be designed to improve integration, cooperation and focused outreach among an extensive provider network and incorporate early intervention, prevention, counseling and testing, and care services for people who use drugs. The SSP, approved, funded and operating under the direction of the County of Santa Cruz, Health Services Agency's Public Health Division (HSA). The SSP must be an integral part of a broader system that recognizes the importance of every link in the chain.

TRAINING FOR SYRINGE ACCESS STAFF

Policy: All SSP staff that collect or furnish syringes, bleach kits and/or other harm reduction materials to SSP participants must complete a proper course of training as appropriate to their level of involvement in program activities. These trainings may be offered at the point of hiring of staff or be made available during the course of their employment.

Procedure: Mandated trainings shall be provided by the Santa Cruz County HSA and/or the California Department of Public Health, Office of AIDS and their approved contractors.

a) Trainings on the following topics will be offered by the HSA to SSP staff conducting syringe exchange. The topics to be covered include:

- i) Orientation to the SSP array of services
- ii) Overview of harm reduction philosophy and the harm reduction model used by the syringe exchange program
- iii) California State syringe exchange regulations (AB547 Statutes of 2005 and AB 110 Statutes of 2007)
- iv) The Agency's approved policies and procedures that cover syringe exchange transactions, handling disposal of infectious waste, and needle stick prevention management
- v) Procedures that ensure secure storage, handling and disposal of syringes in accordance with State law and regulations
- vi) Procedures for making referrals, including primary care, detoxification and drug treatment, HIV counseling and testing, prenatal care, tuberculosis and Hepatitis A, B and C screening and treatment, screening and treatment for sexually transmitted infections, and other HIV support and social services
- vii) Methods of outreach to engage target populations
- viii) Hierarchy of risks associated with sexual and drug-using behaviors and risk reduction practices for those behaviors
- ix) Education and demonstration of safer injection practices, including techniques for disinfecting injection equipment, rotation of injection sites and the use of alcohol pads to disinfect injection sites
- x) Cultural diversity including sensitivity to race/ethnicity, age, gender and gender identity, sexual orientation, literacy, socio-economic status, homelessness and employment status
- xi) Trainings on personal safety offered by the Santa Cruz County HSA including Blood Borne Pathogens, Exposure Control, and Standard Universal Precautions
- i) Information about hepatitis A and B screening, vaccination, treatment

- ii) Information about hepatitis C screening and treatment
- iii) Basic overview of HIV disease, including modes of transmission, prevention, spectrum of illness, opportunistic infections, medications/treatment and treatment adherence
- iv) Specific training on tuberculosis transmission, prevention, spectrum of illness
- v) Addiction and recovery processes, including relapse and relapse prevention

STAFF SECURITY AND SAFETY

Policy: All SSP staff must observe proper safety and security precautions during syringe exchange operations in accordance with the Santa Cruz County HSA Exposure Control Plan and Blood Borne Pathogens Training.

Procedure: All SSP staff who conduct syringe exchange must complete the *Blood Borne Pathogens* yearly training provided by Santa Cruz County HSA online learning. Training topics include procedures for handling potentially infectious injection/ sharps, devices, waste disposal, and the prevention and management of needle stick injuries.

- a) **Prevention of Needle stick Injuries:** To prevent needle stick injuries to agency personnel and participants, the following procedures must always be followed:
 - i) SSP staff and participants will be educated regarding safety precautions for carrying and handling of syringes and other sharps, emphasizing the agency's safety policies and procedures during transactions.
 - ii) Staff conducting syringe services must never handle or touch used injection equipment or the containers they arrive in.
 - iii) SSP sites must have the following safety equipment available during exchange operations: puncture-resistant utility gloves, latex gloves, bleach, forceps or tongs. All could be used in the event of a container spill.
 - iv) All SSP staff are required to wear protective clothing for protection against needle sticks. This includes long pants and closed footwear.
 - v) Areas where SSP operations are conducted should have adequate lighting. All used injection equipment collected by the program must be placed in approved leak-proof, rigid, puncture-resistant containers (sharps containers).
 - vi) Large (8 gal) containers should be placed on the ground and kept level at all times. SSP personnel should never hold sharps containers during exchange.

- vii) Injection equipment that falls outside of sharps containers should be retrieved by participants and placed in sharps containers. If this is not possible, program staff should use tongs to retrieve used injection equipment that falls outside the container.
- viii) Participants should be instructed to recap all their own used syringes. SSP staff and participants should never recap syringes used by anyone else. If participants' syringes are uncapped upon return, they may still dispose of them in the program sharps containers.
- ix) If necessary, SSP staff will remind participants not to crowd the exchange area(s).
- x) Hazardous waste (sharps containers) should NEVER be filled beyond the manufacturer's fill line. Containers should never be more than 3/4 full.
- xi) SSP staff and participants should never insert their hands into sharps containers or forcibly push used injection equipment down into containers beyond openings at the top.
- xii) Program staff is encouraged to wear puncture-resistant utility gloves at all times when opening, sealing, or handling sharps containers, and when cleaning SSP vehicles.
- xiii) Large sharps containers are to be used whenever possible with a stand to provide greater stability and avoid spills.

b) Handling Needle Stick Injuries. In the event of a needle stick or other occupational exposure, the following protocol should be followed:

Refer to the County of Santa Cruz Blood borne Pathogens Exposure Control Plan, Health and Safety Program Section 20.17.a and Needle Stick Quick Reference Guide in the SSP Program Binder.

DISTRIBUTION AND COLLECTION OF SYRINGES

Policy: Syringes will be furnished and collected according to the Santa Cruz County HSA Protocol below.

Procedure: The following describes the process to be used to furnish and collect syringes through SSP:

- a) **Syringe Exchange Protocol.**
 - i) The goal of syringe exchange programs is to furnish new, sterile syringes to participants 18 and older to enable those individuals to use a new sterile syringe for every injection to reduce transmission of HIV and Hepatitis C infection.
 - ii) If a participant states that he or she is younger than 18, or if he or she appears to be younger than 18, the health officer will be contacted in order to help determine appropriate services for that client.
 - iii) SSP participants are instructed to return all used syringes at the next visit to the SSP site.

- iv) Each participant is offered harm reduction supplies as needed or requested.
- v) Distribution of harm reduction supplies should be accompanied by demonstrations and/or explanations regarding the use of the supplies if needed.
- vi) Participants should be instructed to return used sharps to the SSP whether or not they were furnished by the SSP.
- vii) Syringes that are accepted should carefully be deposited in the sharps container by the participant. Staff will instruct the participant to open the container housing their used sharps in order to visually confirm the quantity of syringes being disposed. If necessary, SSP staff will educate the participants on the use of approved sharps containers.
- viii) Personal FDA approved sharps containers and syringes will be provided to participants.
- ix) Participants are instructed to deposit their used syringes and the container that holds them into the program sharps container.
- x) Participants should be educated about proper disposal of syringes when they are unable to come to the syringe exchange program. Inappropriate methods of syringe disposal such as the following should be discouraged: breaking off the tip and discarding in trash, disposal on the street or other public venues, disposal of used syringes in household garbage or residential sharps programs without containment in sealed, labeled plastic puncture resistant containers, flushing in toilets, and disposal of syringes in the trash in glass jars or coffee cans. Please give participant flyer about proper disposal of syringes with each exchange.
- xi) During syringe exchange transactions, SSP staff should work to establish relationships based on trust. Participants should be empowered to take responsibility for their own harm reduction behavior. Staff should work to create a program environment that is welcoming, friendly, respectful, and supportive of program participants.
- xii) Education attempts should be made whenever appropriate or feasible. Topics to discuss include HIV and Hepatitis A, B, C prevention, safer sex, disinfection of syringes (cleaning works) and safer injection techniques. If participants decline to engage in conversation with staff around these topics, they are still welcome to access supplies.
- xiii) The number of syringes that may be furnished at initial and subsequent syringe exchange transactions must conform to the approved number of syringes outlined in this document.
- xiv) The maximum number of syringes to be given to program participants at the initial encounter if the participant does not bring in any syringes, is fifteen (15). Subsequent exchanges of syringes are to be made on a one for one basis with pre-defined medical exceptions considered by the Health Officer with no more than 15 extra syringes per exchange. The total number of syringes exchanged is not to exceed 100 for primary exchange.

- xv) Clients wishing to conduct one for one secondary exchange (exchange for other people) in an amount greater than 100 syringes, will be considered by the Health Officer on a case by case basis.
- xvi) SSP staff must provide a written justification of all syringe exchange transactions in which the number of syringes that are issued, either during the initial or subsequent syringe exchange transactions, is greater than the number of syringes the agency is approved to furnish. Documentation of all such transactions must be included on the transaction log. Approved exchanges in the amount greater than 100 syringes will also be documented on the transaction log.

b) Initial Encounter

- i) The new participant may be provided with fifteen (15) syringes at the initial encounter, if no syringes are brought in for exchange
- ii) Each participant is offered harm reduction supplies including: cotton, alcohol pads, tourniquets, condoms, caps, ties, bandages, individualized or 1 quart sharps container when available, bleach bottles, water bottle, paper or plastic bags, other supplies as available, and educational materials. Participants should be encouraged to take enough supplies to use a new set for each time they inject.
- iii) Distribution of harm reduction supplies should be accompanied by offers to demonstrate and/or explain the use of the supplies.
- iv) Education on HIV and Hepatitis A, B & C prevention, safer sex, and safer injection techniques should be offered at each encounter. A participant should be encouraged to participate in individually and group delivered behavioral interventions and skills building activities. Although participants are offered services in addition to syringe exchange, they are under no obligation to participate in them.

c) Subsequent Encounters

- i) At subsequent encounters, the number of syringes exchanged is one-for-one with exceptions considered by the Health Officer for medical need, with no more than 15 extra syringes provided per exchange. The total number of syringes exchanged on a one for one basis is not to exceed 100 for primary exchange.
- ii) Medical exception will be considered for participants that have an elevated risk of transmitting disease or becoming infected with HIV, hepatitis C and other infectious agents if they request more syringes equating to a one for one exchange. If a syringe service participant requests more than their verified one for one amount then a needs assessment must be made to determine whether the participant is eligible for additional syringes.

- (1) SSP participants who fit one of the following criteria may receive more than the allotted one for one syringe amount up to an additional 15 (total) syringes.
 - (a) Known or self-disclosed HIV or Hepatitis C
 - (b) Partner known to have HIV or Hepatitis C
 - (c) Evidence or history of skin abscess
 - (d) Sex worker
 - (e) Known mental illness
 - (2) SSP participants who wish to conduct secondary exchange (exchange for others) on a one for one basis may receive more than the maximum amount of 100 syringes at the discretion of the Health Officer.
 - (3) The reason and the amount of syringes should be documented on the syringe service log sheet entry for that participant.
 - (4) In all cases, the Health Officer, must approve medical exceptions. Please call for consultation and approval, then document approval.
- iii) Participants are instructed to return all used syringes when going to the SSP. If participants are not returning syringes, staff should engage with them about what the barriers to disposal are and problem solve with them around eliminating these barriers.
 - iv) If in any given quarter (July-September, October-December, January-March, and April-June) the rate of syringes provided based on Medical Exception is greater than 3% of the total number of syringes exchanged, the Health Services Agency is required to notify the Board of Supervisors.

PROVIDING HIV AND HEPATITIS C PREVENTION EDUCATION

Policy: SSP staff will offer SSP participants HIV and Hepatitis C prevention education to encourage reduction of high risk behaviors and encourage participants to get screened and/or enter treatment and care if HIV or Hepatitis C positive.

Procedure: At each exchange a SSP staff member will offer HIV and Hepatitis C prevention health education materials to SSP participants. Pamphlets provide basic information about disease process, risk behaviors, and harm reduction strategies.

Participants who are unaware of their HIV or Hepatitis C status should be encouraged to receive HIV and hepatitis C testing and counseling. Referrals will be made to certified HIV and Hepatitis C test counselors who will provide testing, counseling and referrals for additional services.

REFERRING PARTICIPANTS TO OTHER SERVICES

Policy: The SSP program should develop appropriate referral linkages with other agencies/entities to ensure that participants are provided with other services needed to improve health outcomes.

Procedure: Agency staff should develop referral linkage agreements with providers of health, supportive services and substance use treatment to the capacity to refer SSP participants to the services they need.

- a) **Developing Referral Linkages.** SSP will maintain referral relationships with other service providers, including, but not limited to: HIV counseling and testing services; HIV, Hepatitis A, B & C and general primary health care facilities; family planning, prenatal and obstetrical care; substance use treatment; tuberculosis screening and treatment, screening and treatment for sexually transmitted infections and substance use related medical issues; case management and support services for HIV-infected people, and mental health and housing services.
- b) **Recording Referrals.** Referrals given to syringe service participants must be recorded by the program, including the date of the referral and the type of service to which the referral is made. Referrals may be made but participants do not have to accept or follow through on any referral(s) as a condition for SSP participation though it is expected that SSP staff will encourage them to do so and help identify and remove barriers to following through with referrals.

SECURITY OF SYRINGES AND SUPPLIES

Policy: The SSP will secure and track syringes and other harm reduction supplies stored at administration offices and in the SSP clinical sites.

Procedure: SSP staff will adhere to the following operational procedures:

- a) SSP will fill out the Supply Order Form when supplies are needed. The SSP Manager will authorize an order to be placed.
- b) Syringes stored in vehicles will be kept inside locked compartments in that vehicle.
- c) SSP staff will dispose of full sharps containers according to Health Services Agency clinic protocol.
- d) Any theft or loss of syringes or supplies must be reported to SSP Manager as soon as possible.

TERMINATION OF PROGRAM PARTICIPANTS

Policy: Individuals who commit any of the acts listed below may be subject to termination.

Procedure: SSP participant's use of services may be terminated at any time at program discretion based on the following criteria:

- a) Violent behavior or threat of violence against staff or other participants.
- b) Persons terminated from SSP services will be provided with reasons for their termination, and referrals to other syringe exchange options.

DATA COLLECTION AND PROGRAM REPORTING

Policy: All services provided by the SSP programs must be reported to the SSP Manager through methods established.

Procedure: SSP program manager will develop monthly, quarterly and annual reports to the Health Officer regarding SSP activities.

- a) **Incident Reports.** Incidents involving the syringe exchange program, including community objection to the program, law enforcement episodes, needle stick injuries, violence at the program site, theft of supplies, or potential legal action against the program must be documented and reported to SSP Manager within twenty-four hours of occurrence.
- b) **Quarterly Reports.** The SSP must submit quarterly reports of activities to Health Officer no later than 15 days after the end of each quarter and calendar year quarter. Quarterly reports shall include, but not be limited to:
 - i) Number of unduplicated participants (direct and indirect exchange);
 - ii) Aggregate information on the characteristics of program participants (gender, age, race/ethnicity, etc.);
 - iii) Number of syringes collected from participants, including the average number furnished per participant per transaction;
 - iv) Number of syringes furnished to participants, including the average number collected per participant per transaction;
 - v) Percent of the total number of exchanged syringes that are medical exceptions;
 - vi) Number and types of services directly provided or provided by referral to participants, not limited to referrals for HIV counseling and testing; health care services: including evaluation and treatment for HIV infection, Hepatitis A, B & C, sexually transmitted infections, tuberculosis; family planning; obstetrical and prenatal care; supportive services; and substance use treatment services;
 - vii) Any significant problems encountered and program milestones achieved.
- c) **Annual Report.** The SSP must submit an annual report of activities, summarizing the information provided on a quarterly basis. The County Health Officer or her designee will present the annual report to the Board of Supervisors.
- d) **Syringe Service Program Advisory Group.** A group has been formed consisting of subject matter experts and stakeholders whose role is to advise the HSA on the provision

of syringe services in the community. The Advisory Group will meet regularly to monitor the program.

Employees are encouraged to give feedback on all Syringe Services Program policies and procedures. This document will be reviewed and updated annually.